ALUMINUM in VACCINES helps the MERCURY cross the Blood-Brain Barrier and inflict chronic brain damage

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What most Americans are in the dark about is that many vaccines contain the most dangerous combination of heavy metal toxins imaginable, driving the brain and central nervous system into a prolonged state of shock, which does chronic damage by crossing the blood-brain barrier.

A new evaluation of the Centers for Disease Control and Prevention's (CDC) Immunization Safety Office (ISO) by the National Academies of Sciences, Engineering and Medicine (NASEM) has sparked debate over vaccine oversight, transparency, and public trust.

The report, *"Vaccine Risk Monitoring and Evaluation at the Centers for Disease Control and Prevention" (2025)*, largely praised the ISO's work during the COVID-19 pandemic but called for stronger independence, improved data integration, and clearer communication with the public.

However, critics like Brian Hooker, Ph.D., and Dr. Peter McCullough argue the review is superficial and avoids addressing major failures in vaccine risk reporting.

- **NASEM's evaluation praised but urged reform:** The National Academies of Sciences, Engineering and Medicine (NASEM) praised the CDC's Immunization Safety Office (ISO) for robust vaccine monitoring during the pandemic but called for stronger independence,

clearer communication, and better data integration to rebuild public confidence in vaccine safety oversight.

- **Concerns over transparency and bias:** NASEM highlighted that the ISO's dual role—monitoring vaccine risks while operating within a vaccine-promoting agency—undermines public trust. It recommended the ISO be administratively separated from CDC units involved in vaccine advocacy to prevent perceived or real bias in risk assessments.

- **Critics say report soft-pedaled CDC failures:** Children's Health Defense's Brian Hooker and cardiologist Dr. Peter McCullough criticized the report as "too little, too late," arguing it ignored major issues like CDC's alleged delay in reporting myocarditis risks. They contend a truly independent safety board could have halted the vaccine rollout early due to emerging safety signals.

- **Recommendations for improvement:** NASEM proposed integrating surveillance systems, enhancing transparency in signal detection and prioritization, improving public communication, and providing long-term funding for ISO operations. Critics agreed with the call for independence and data sharing but said decades of CDC opacity have eroded trust in its vaccine safety programs.

CDC's Vaccine Safety Oversight Under Fire: NASEM Report Praises Effort but Critics Say It Falls Short

The NASEM report urged the CDC to **strengthen the independence of its vaccine safety division** from departments tasked with vaccine promotion. "CDC should protect ISO's independence, keeping the office operationally and administratively insulated from units that promote vaccination," the committee stated. NASEM emphasized that overlapping responsibilities between vaccine advocacy and safety monitoring continue to raise "public concerns about the objectivity of risk assessments."

Despite this recommendation, Children's Health Defense (CHD) Chief Scientific Officer **Brian Hooker** criticized the report as "too little, too late." Hooker, a long-time advocate for more transparent vaccine safety systems, accused NASEM of minimizing the CDC's failures. He noted that the review was led by **Dr. Kathleen Stratton**, a figure involved in earlier NASEM reports denying vaccine-autism links — decisions he said were coordinated with the CDC. Hooker called the new report "a word salad joke" designed to obscure the agency's past missteps.

The ISO, led during the pandemic by Dr. Tom Shimabukuro, was responsible for detecting and evaluating adverse events linked to COVID-19 vaccines. Its tools included VAERS (Vaccine Adverse Event Reporting System), the Vaccine Safety Datalink, the Clinical Immunization

Safety Assessment network, and new pandemic-era programs like V-safe and the COVID-19 Vaccine Pregnancy Registry. NASEM found these systems generally effective but identified issues in data coordination, timeliness, and transparency that could delay recognition of rare but serious side effects.

Specifically, the committee noted inconsistent communication among surveillance systems, lack of national standardization, and vague internal processes for determining which safety signals to prioritize. Public transparency was also inadequate — particularly regarding the criteria for escalating or dropping investigation into a given signal. The report acknowledged that **public concerns, such as menstrual changes after vaccination, "outpaced analytic response."**

Nevertheless, NASEM credited ISO with early identification of risks like thrombosis with thrombocytopenia syndrome, myocarditis, and Guillain-Barré syndrome, suggesting that the office's findings "allowed for timely clinical guidance" and informed risk–benefit analyses. But critics dispute that narrative. CHD and other groups contend the CDC delayed public acknowledgment of the myocarditis signal for months. Hooker pointed to evidence in the Congressional Record showing that ISO was aware of myocarditis reports long before alerting the public. When *The Defender* questioned NASEM about this omission during its public briefing, the committee declined to respond.

Dr. **Peter McCullough**, a cardiologist who warned early about vaccine-induced myocarditis, said the CDC's messaging prioritized promoting vaccination over accurately conveying risks. He argued that if an **independent data safety board** had been established to oversee vaccine outcomes, it might have recommended suspending the COVID-19 vaccination campaign as early as January 2021 due to rising adverse event reports.

Despite such criticism, NASEM's final conclusion was broadly positive: the ISO "carried out scientifically robust, timely, and effective monitoring and evaluation of vaccine risks throughout the pandemic." The committee said the office's work "informed critical public health decisions" and ultimately protected population health.

Still, the report warned that focusing heavily on risks could overshadow "the overwhelming evidence of vaccine benefits." To rebuild trust, NASEM recommended expanding the ISO's resources, improving coordination among surveillance systems, clarifying communication about risk magnitude, and increasing transparency in both data sharing and decision-making processes. It also advised that deidentified vaccine safety data be made available to independent researchers — a step Hooker called essential for restoring credibility.

Both Hooker and McCullough agreed that **separating vaccine safety from vaccine promotion** within the CDC is long overdue. "We've been calling for this for 25 years," Hooker said. "It's high time that the ISO woke up and smelled the coffee."

While NASEM's report represents a step toward reform, critics maintain that without genuine independence and open data access, **public confidence in vaccine safety oversight will remain fragile**.

Sources for this article include:

ChildrensHealthDefense.org

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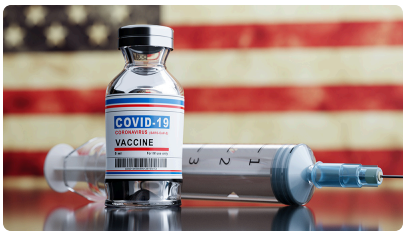

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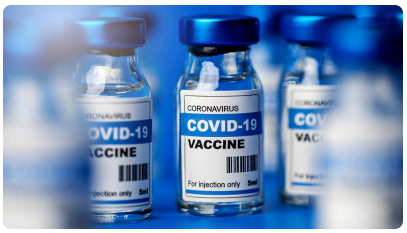

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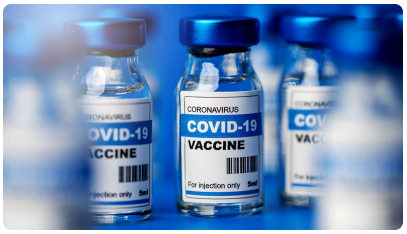

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